

2014 BACK TO THE SOURCE • A.C.T. EDUCATOR INSTITUTE APPLICATION FORM

FOR OFFICE USE ONLY

APPLICATION RECEIVED _____

DATE _____

ACTION _____

Be sure to submit, in addition to this form:

- 1) a full-face photograph;
- 2) a current résumé of theatrical and teaching experience;
- 3) one confidential letter of recommendation;
- 4) proof of teacher credential (if applicable); and
- 5) an essay (no longer than one typewritten page) describing what you hope to gain from attending **Back to the Source**.

NAME				DATE
CURRENT ADDRESS	STREET	CITY	STATE	ZIP
PERMANENT ADDRESS (IF DIFFERENT)	STREET	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS		
COUNTRY OF BIRTH				
CITIZEN OF (VISA STATUS IF APPLICABLE)				

Please check one (optional, for statistical purposes):

- Nonresident/alien
 Race and ethnicity unknown
 Hispanic of any race

For non-Hispanics only:

- American Indian or Alaska Native
 Black or African American
 Native Hawaiian or other Pacific Islander
 Asian
 White
 Two or more races

Education (list all prior colleges and highest level completed):

COLLEGE	DATES ATTENDED	DEGREE
COLLEGE	DATES ATTENDED	DEGREE
OTHER TRAINING		
UNION AFFILIATION(S)		
PRESENT OCCUPATION		

Will you be applying for a scholarship? Yes No

Scholarships require a separate application. Please contact A.C.T.'s financial aid office at 415.439.2411 or email jlopez@act-sf.org.

How did you learn about A.C.T.? (check all that apply):

- Friend
 Website
 Magazine article
 Teacher
 Flyer sent to your school
 Newspaper/magazine ad
 Former or current student
 Other (specify)

APPLICANT SIGNATURE	DATE
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A.C.T.

**AMERICAN
CONSERVATORY
THEATER**

Mail to:
 Registrar, American Conservatory Theater
 30 Grant Avenue
 San Francisco, CA 94108-5834

Tel: 415.439.2350 • Fax: 415.834.3300

2014 BACK TO THE SOURCE • A.C.T. EDUCATOR INSTITUTE LETTER OF RECOMMENDATION

To be completed by applicant:

APPLICANT'S NAME (PLEASE PRINT)

Waiver (see statement on confidentiality below): In accordance with the Family Educational Rights and Privacy Act of 1974, I waive my right to review this letter.

APPLICANT'S SIGNATURE

DATE

To be completed by party recommending applicant:

The above applicant desires admission to American Conservatory Theater's Back to the Source Educator Institute. Federal law gives applicants the option of waiving their rights to see specific letters of recommendation. If the applicant has waived this right by signing the waiver above, this letter will be held in confidence. If the applicant has not signed the waiver, it will be assumed that this letter may be seen by the applicant if he/she enrolls.

Back to the Source application deadline: May 26, 2014

SIGNATURE

DATE

NAME

ORGANIZATION

POSITION

STREET

CITY

STATE

ZIP

May we contact you with further questions? Yes No Phone _____

Email _____

A.C.T.
AMERICAN
CONSERVATORY
THEATER

Please seal your recommendation in an envelope, sign across the seal, and return it to the applicant for enclosure with the application form, or mail directly to:

Registrar, American Conservatory Theater
30 Grant Avenue
San Francisco, CA 94108-5834

Tel: 415.439.2350 • Fax: 415.834.3300